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## 8.3 Call Center Scripts

### 8.3.1 Screening

#### 8.3.1.1 Can you tell me if I might be eligible for HIP without having to complete an entire application?

Actions	Script
<ul style="list-style-type: none"><li>▶ Navigate to Process Request for Services in WFMS, Let's Get Started screen; ask and enter caller's responses to the screening questions.</li><li>▶ If caller is unable or unwilling to respond to certain questions, continue through remaining questions to the Results screen.</li><li>▶ Explain screening results and application options to caller.</li><li>▶ Ask if the caller wants to print the application, or to have the application mailed to her.</li><li>▶ At conclusion of the call, document in Call Notes.</li></ul>	<p><b>a.</b> By answering a few short questions, you can learn if you are potentially eligible for HIP before you decide to apply. You can complete these screening questions now.</p> <p>The information you provide is confidential and after completing these questions, you can decide if you want to apply.</p> <p>Regardless of the results of the screening, you can still submit an application, which is the way to actually determine whether you are eligible.</p> <p>(If caller asks what kinds of questions have to be answered):</p> <p>The questions focus on the people in the home, any income received from a job and/or other sources and other information that may relate to the person(s) who is screening for potential eligibility and may be applying for HIP.</p> <p>(Caller decides to screen during call: proceed to complete screening tool.)</p> <p>Let's get started.</p> <p><b>b.</b> (After screening) We can mail you the application, or, if you have Internet access, you can print and mail the application. The website is: <a href="http://www.IN.gov/fssa/HIP">www.IN.gov/fssa/HIP</a>.</p>

#### 8.3.1.2 Do I have to do a screening to apply?

Actions	Script
Provide information to caller.	No. Answering the screening questions is not required, though it may help you to know what programs you might be potentially eligible for before you apply.

#### 8.3.1.3 Who can get HIP?

Actions	Script
Follow the script.	The Healthy Indiana Plan provides health insurance for adult Indiana residents whose family income is between 22 and 200 percent of the Federal Poverty Level, who do not have health insurance or access to employer-sponsored health insurance, and who are not eligible for Medicare. Participants must be without health insurance coverage for at least 6 months in order to qualify.

#### 8.3.1.4 The screening showed I'm not eligible. Can I still apply?

Actions	Script
Provide information to caller and wait for caller's decision.	Yes. The way to find out if you are actually eligible is to submit an application to be processed. I can mail you an application for you to complete, sign and mail or fax it back so that processing can begin. If you have Internet access, you can print and mail the application. The website is <a href="http://www.IN.gov/fssa/HIP">www.IN.gov/fssa/HIP</a> .

### 8.3.2 Application

#### 8.3.2.1 How do I apply for the Healthy Indiana Plan?

Actions	Script
Follow the script.	<p>I can mail you an application or, if you have Internet access, you can print and mail the form. The website is <a href="http://www.IN.gov/fssa/HIP">www.IN.gov/fssa/HIP</a></p> <p>When complete, mail your signed application to P.O. Box 1 6 3 0, Marion, Indiana, 4 6 9 5 2, or you can fax it to 800-403-0864.</p>

#### 8.3.2.2 Can I apply for HIP and Food Stamps, Cash Assistance or Medicaid at the same time?

Actions	Script
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Actions	Script
<ul style="list-style-type: none"> <li>▶ Provide information to caller and wait for caller's decision on HIP.</li> <li>▶ For Food Stamps, cash assistance or Medicaid applications, you must first determine the caller's county and compare it with the Office Locator in the OPS Tool. Callers living in the pilot counties or counties that have implemented the modernized solution can be mailed applications or apply on line. Callers living in counties that have not implemented modernization must still apply by contacting the FSSA office for their county.</li> <li>▶ If caller decides to apply on-line, provide web address.</li> <li>▶ If caller wants to go to a Help Center, navigate to the office locator, ask caller what county she lives in, and provide the nearest office location.</li> </ul>	<p>You can apply for HIP and the other benefits, but there are 2 separate applications. One is for the HIP program and the other is for Food Stamps, cash assistance and Medicaid.</p> <p>To apply for HIP, you must complete the HIP application. If you have access to the Internet, you can print, complete, and mail in the application, or I can mail you a copy to complete and return.</p> <p>To apply for Food Stamps, cash assistance, or Medicaid, I need to know what county you live in.</p> <p><u>(Caller lives in county that has not yet implemented modernization: )</u></p> <p>You would need to call or go to the FSSA office in your county. That office address is: (insert address from Office Locator in OPS Tool). That office telephone number is: (insert telephone number of the office in OPS Tool)</p> <p><u>(Caller lives in county that has implemented modernization:)</u></p> <p>There are several ways to apply for Food Stamps, cash assistance and Medicaid:</p> <ul style="list-style-type: none"> <li>✓ I can mail you an application;</li> <li>✓ If you have Internet access, you can apply on-line or download and print an application;</li> <li>✓ You can visit a Help Center</li> </ul> <p>Follow Action Steps.</p>



### 8.3.2.3 I got a letter from you and don't understand it. Can you help me?

Action	Script
<ul style="list-style-type: none"><li>▶ Verify that the caller is calling about HIP<ul style="list-style-type: none"><li>✓ if person is calling about HIP, transfer to HIP Tier 2 ES</li><li>✓ if person is not calling about HIP, transfer to Tier 2 ES</li></ul></li><li>▶ Tier 2: Ask caller what the notice says while you navigate to the Correspondence History (in WFMS and ICES) to locate it.</li><li>▶ Check the notes in the case (in ICES and/or WFMS) to find out the most recent action that took place on the case, which may also list the forms recently sent to the Client.</li><li>▶ If you do not find anything in the notes, check the Notice History screen in ICES (CNHS using the ICES Case Number). This lists all the recent notices that have been sent from ICES to the Client.</li><li>▶ Provide an explanation in response to the caller's questions.</li></ul>	<p>Yes, I can assist you. While I check our records, do you have the letter in front of you? What questions do you have about it?</p> <p>Follow action steps.</p>

### 8.3.2.4 I lost the form you sent me. Can you send me another one?

Action	Script
<ul style="list-style-type: none"><li>▶ Verify that the caller is calling about HIP. If not, put caller back into IVR and instruct to select Benefit Programs.</li><li>▶ After authenticating caller, ask if the caller knows what the form was about or when it was sent.</li><li>▶ Navigate to WFMS and ICES Correspondence History to view correspondence sent within the time frame provided by caller.</li><li>▶ If several items were mailed during that time frame, review them to</li></ul>	<p>Do you recall what the form was for?</p> <p>Follow action steps.</p>

Action	Script
<p>narrow down which one the caller is referencing.</p> <ul style="list-style-type: none"> <li>▶ If sent from WFMS, follow Sending Notices work instructions <a href="#">Refer to Section 3.11.4, Sending Notices &lt;insert hyperlink&gt;</a> to mail another copy of the original notice.</li> <li>▶ If sent from ICES, resend the notice. Navigate to the CNHS screen, put number of notice you wish to see in Selection field, and press <b>Enter</b>. When notice screen comes up, press <b>F23</b> to have a duplicate of the notice sent.</li> <li>▶ It is also possible that these searches show we did not send any form to the client. The caller may have gotten a HIP form of some type from their Health Plan provider. If so, suggest that the caller contact their Health Plan provider.</li> </ul>	

**8.3.2.5 I received a letter requesting I send in pay stubs. How many do I need to send in?**

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP.</li> <li>▶ Handled by HIP Tier 2 ES</li> <li>▶ Ask the caller for any identifying information so you can retrieve her case information.</li> <li>▶ Review the case notes and the copy of the Pending Notice that was sent to the caller.</li> </ul>	<p>For HIP eligibility, 30 days of recent pay stubs are required.</p> <p>Be sure to write your name, SSN, and the word HIP on any documents you send us at any time.</p>

**8.3.2.6 What is the mailing address or fax number where I can send my application or information you have asked for?**

Actions	Script
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<p>► Verify that the caller is calling about HIP.</p> <p>Follow the script.</p>	<p>The mailing address is: FSSA Document Center P.O. Box 1 6 3 0 Marion, Indiana, 4 6 9 5 2</p> <p>The fax number is 800-403-0864.</p>
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**8.3.2.7 What information do I need to provide when applying for HIP? (or what documents will you ask for when I apply?)**

Actions	Script
Follow the script.	<p>The application needs to include at least your name, address, and signature.</p> <p>Some of the documents that we may request include:</p> <ul style="list-style-type: none"> <li>✓ Paycheck stubs for the last 30 days;</li> <li>✓ Proof of citizenship or immigration;</li> <li>✓ Social Security numbers of family members in the household;</li> <li>✓ Verification of all income for the household.</li> </ul> <p>Please understand that, although you can submit a partially completed application, it speeds up the processing of the application if you complete as much of the application form as you are able to, prior to sending it to us.</p> <p>Also, the application packet we send to you includes instructions in a section called “Information to Get You Started.” Review these instructions for additional information on the copies of specific documents you need to send us as proof, and where to mail or fax those documents, along with the document cover sheet that is included in the packet. Be sure to clearly write your name, SSN and the word HIP on documents that you send or fax us.</p>

**8.3.2.8 What do I do if I can't get the information you have asked me for?**

Actions	Scripts
<ul style="list-style-type: none"> <li>▶ Transfer to HIP Tier 2 ES.</li> <li>▶ If the caller has submitted an application, authenticate the caller. Then navigate to the Solicited Documents Requests page. View the requested information that has not been received.</li> <li>▶ Based on caller's response, explore</li> </ul>	<p>Depending on the type of information needed, we can discuss how we might be able to help you get the required information.</p> <p>What information are you having difficulty getting?</p>

Actions	Scripts
<p>other ways/sources caller can provide the requested information/verification.</p> <ul style="list-style-type: none"> <li>▶ If none of those are available to the caller, determine if a third party can provide the requested information/verification.</li> <li>▶ Offer to assist the caller to obtain the requested information/verification. If a third party needs to be contacted, the system allows three way calling. If that is not possible, follow policy regarding obtaining a Client's signed release of information.</li> <li>▶ If still unable to obtain the required verifications, document the Client's statement as the only available source of information.</li> <li>▶ In the Solicited Documents Requests screen, mark that item as Received with the date of the call entered as the receipt date.</li> <li>▶ Document in ICES that this verification was satisfied through Client statement. Enter the information provided in the appropriate ICES screens; OR, depending on call volume, from within the HIP case, select Tasks from the Left Navigation bar and create a User Defined task "Client Cannot Get Documentation" for the appropriate HIP queue to process the information provided and documented in ICES.</li> <li>▶ If you have been instructed not to create the task for the Service Center and the Client statement satisfies the last verification needed, complete the Data Collection Checklist.</li> <li>▶ If the last verification is not satisfied, inform Client of remaining verifications needed and due date for receipt.</li> </ul>	

### 8.3.2.9 How long does it take to process an application for HIP?

Actions	Script
Follow the script.	That depends on how quickly you submit your completed, signed application and send to us any required proof we ask you to provide. Once you submit an application, it may take up to 45 days for processing and to determine your eligibility.

### 8.3.2.10 What is a POWER Account?

Actions	Script
Provide script information.	<p>A POWER Account is a Personal Wellness Responsibility Account sponsored by the State Of Indiana. The POWER Account is an account that contains funds that both you and the State Of Indiana contribute towards your health care. The funds can be used for doctor visits, prescription drugs, and other health care needs.</p> <p>If you are eligible for the HIP program, you will receive a letter stating how much your contribution to the POWER Account is, where to send the payments, and who to contact for more information.</p>

### 8.3.2.11 If I have submitted an application for HIP, what happens next?

Actions	Script
Follow the script.	First, we'll review the information that you provide. If we need more information, we'll send you a letter telling you the information we need. You'll also receive a letter telling you if you qualify and the amount of the POWER Account contribution you need to pay to your Health Plan provider. You must make a contribution into your POWER Account before you can begin using your health coverage benefits.

**8.3.2.12 I received an interview appointment about my HIP Application and need to reschedule. How do I reschedule my interview appointment?**

Action	Script
<ul style="list-style-type: none"> <li>▶ <b>Transfer to HIP Tier 2 ES.</b></li> <li>▶ After authenticating the caller (with name, DOB and Case Number or last 4 digits of SSN), view Case Home page in the WFMS (appointment fields).</li> <li>▶ Review ICES Case Notes and any pending notice sent related to this application in WFMS Correspondence to identify what information is needed to complete the application processing.</li> <li>▶ Attempt to gather the necessary information with the Client while she is on the phone.</li> <li>▶ In ICES Case Notes, document all information provided during the call and any information requested but not provided.</li> <li>▶ If able to gather all of the information requested in the ICES Case Notes and pending notice, complete the data gathering interview. Advise the Client that her application will continue to be processed.</li> <li>▶ Let the caller know that she will receive a letter notifying her of her status.</li> <li>▶ At the conclusion of the call, select Tasks from the Left Navigation bar within the HIP case and create a Solicited Documents Received task for HIP WG2 to process the information provided during the telephone interview.</li> <li>▶ If unable to complete the data gathering interview over the phone, then reschedule the appointment: <ul style="list-style-type: none"> <li>✓ Offer the next available appointment found in the system for the data gathering interview. Refer to <a href="#">Section 4.10.2, Rescheduling an Appointment for</a></li> </ul> </li> </ul>	<p>Follow action steps.</p>

Action	Script
<p>a Caller Requesting To Reschedule - Call is Received Before the Date/Time of the Scheduled Appointment &lt;insert hyperlink&gt;)</p> <ul style="list-style-type: none"> <li>✓ Remove the caller's information from the scheduler for the date that she was originally scheduled.</li> <li>✓ Enter the caller's information into the scheduler for the date that she accepted as the rescheduled date and time and note the type as a rescheduled initial interview '78'.</li> <li>✓ Update the WFMS Call Notes regarding the request from the caller, the date and time of the original appointment, and the date and time of the rescheduled appointment. Add notes in CLRC.</li> </ul>	

### 8.3.2.13 I missed my appointment. What can I do now?

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify that the caller is calling about HIP.</li> <li>▶ Transfer to HIP Tier 2 ES.</li> <li>▶ After authenticating caller (with name, DOB and Case Number or last 4 digits of SSN), view Case Home page in the WFMS (appointment fields).</li> <li>▶ Review what information is needed to complete the application.</li> <li>▶ Attempt to gather the necessary information with the Client while she is on the phone.</li> <li>▶ If able to complete the data gathering interview, advise the Client that her application is complete and will be processed.</li> <li>▶ Let the caller know that she will receive a letter notifying her of her status.</li> <li>▶ If unable to complete the data</li> </ul>	<p>Follow action steps.</p>



Action	Script
<p>gathering interview over the phone, then:</p> <ul style="list-style-type: none"> <li>✓ If the appointment was for a new application and is not over 45 days from the file date, reschedule appointment using code ' 78' in scheduler.</li> <li>✓ If a) appointment was for a new application, b) it is over 45 days from the file date, and c) the case has been denied, explain to the caller that processing time for the application has expired. Offer to mail the caller a new application.</li> </ul>	

#### 8.3.2.14 I'm calling to give you the information you asked for.

Action	Script
<ul style="list-style-type: none"><li>▶ Verify that the caller is calling about HIP.</li><li>▶ <b>Handled by HIP Tier 2 ES.</b></li><li>▶ Authenticate the caller. Navigate to the pending verification checklist and case notes in WFMS and ICES to determine what information was requested.</li><li>▶ If the Client has a case in ICES, then document the information the caller provided during the call in running records. If the Client is not known to the system, document in WFMS Call Notes.</li><li>▶ If the information needs to be verified, explain to the caller how and where to submit copies of any required verification.</li><li>▶ From within the HIP case, select Tasks from the Left Navigation bar and create a task for the queue that requested the verifications. For example, if the Client was verifying a reported change to an active assistance group, create a Reported Change task.</li></ul>	Let me review our records to see what was requested.

#### 8.3.2.15 I need proof I am no longer employed but my ex-boss won't give it to me. What can I do?

Actions	Scripts
<ul style="list-style-type: none"><li>▶ <b>Transfer to HIP Tier 2 ES</b></li><li>▶ Authenticate caller and review case information.</li><li>▶ If the caller already reported this change in income and solicited documents were requested, ask the caller if she wants to request an extension to turn the documentation</li></ul>	Follow action steps.

Actions	Scripts
<p>in.</p> <ul style="list-style-type: none"> <li>▶ If the caller wants an extension, from within the HIP case, select Tasks from the Left Navigation bar and create a Reported Change task for HIP WG 3 that an individual is requesting an extension on the due date of solicited documents.</li> <li>▶ If the caller does not want an extension but is interested in help getting the information, inform Client of the following options:               <ol style="list-style-type: none"> <li>1. You can attempt a three way call with the Client and the employer.</li> <li>2. If Client provides a signed release, we can request the verification from the employer. If Client agrees to this option, from within the HIP case, select Tasks from the Left Navigation bar and create a Reported Change task for HIP WG 3 requesting they check to see if needed verification is available through the WORK Number and, if not, send a signed release (if/when Client provides it) and employment verification form to the former employer.</li> <li>3. Ask Client to send in or fax a personal statement of termination which includes the last date worked, the reason for termination, and when the last paycheck was received.</li> </ol> </li> <li>▶ Explain that Client must provide name and Case Number or SSN and the word HIP on any documents submitted and that if Client has a bar-coded cover sheet, include it with any documents submitted to the FSSA Document Center.</li> <li>▶ Update the ICES case notes regarding the task and the request.</li> </ul>	

### 8.3.2.16 I have an application/documents/information to send you. Where do I send it?

Action	Script
<ul style="list-style-type: none"><li>▶ Verify that the caller is calling about HIP</li><li>▶ Follow the script.</li></ul>	<p>You need to mail your application/documents to:</p> <p>FSSA Document Center PO Box 1630 Marion, IN 46952</p> <p>Or, fax it to: 1-800-403-0864.</p> <ul style="list-style-type: none"><li>✓ If you received a bar coded cover sheet with a notice we mailed to you, put it on top of the documents you're sending.</li><li>✓ If you didn't receive a bar coded cover sheet or you no longer have it, be sure to clearly print your name, Case Number, or Social Security Number on each piece of information you send. Also print the word HIP on each document. This helps us process your application faster.</li></ul>

### 8.3.2.17 What are verification documents?

Actions	Script
<ul style="list-style-type: none"><li>▶ Follow script.</li><li>▶ If caller is seeking more information related to a pending notice that the caller received, authenticate caller.</li><li>▶ Navigate to the pending notice and provide an explanation. Otherwise, only general information may be provided.</li></ul>	<p>Verification documents are copies of documents that are proof of the information on your application form. Some examples are:</p> <ul style="list-style-type: none"><li>✓ Copies of pay stubs;</li><li>✓ Social Security cards of household members;</li><li>✓ Award letter from Social Security Administration;</li></ul> <p>When we mail you an application, we include a list of verification documents that can be submitted as proof. After we receive your application and begin processing it, if we need any additional verification documents, we send you a notice listing any other documents required.</p>

### 8.3.2.18 What if I need help applying? (Or) I need help to apply.

Actions	Scripts
<ul style="list-style-type: none"><li>▶ Verify that the caller is calling about HIP.</li><li>▶ Determine what questions the caller has.</li><li>▶ If the caller has the application form and is having difficulty understanding how to complete a specific portion of the application or terminology used, provide an explanation.</li><li>▶ If the caller continues to have questions or needs further assistance, refer them to their local enrollment center. If the caller needs the location, go to <a href="http://www.in.gov/fssa/dfr/2885.htm">www.in.gov/fssa/dfr/2885.htm</a>, ask caller what county they are located in, and click the county to get the enrollment center address(es).</li></ul>	<p>I can assist you with any questions you may have about the application. Do you have the application in front of you?</p> <p>What questions do you have?</p>

### 8.3.2.19 How do you use the information I give you on my application?

Actions	Scripts
<ul style="list-style-type: none"><li>▶ Provide script information.</li></ul>	<p>We only use your personal information to determine eligibility for the benefits you request, and we match your information against federal, state, and local records to make sure the information you provide is correct.</p>

### 8.3.2.20 Can somebody else apply for me?

Actions	Scripts
<ul style="list-style-type: none"><li>▶ Provide script information.</li></ul>	<p>Yes. For HIP, you can have someone else apply for you. We call that person an “Authorized Representative.”</p> <p>If you wish to appoint someone to apply for you, we need verification from you authorizing that person to apply for you. This verification, or proof, includes:</p> <ul style="list-style-type: none"><li>✓ A signed statement from you.</li><li>✓ A copy of any legal document allowing them to apply for you.</li></ul>

Actions	Scripts
	Or, I can send you a form authorizing that person to apply for HIP on your behalf.

#### 8.3.2.21 Can I apply for someone else?

Actions	Scripts
<p>► Provide script information.</p>	<p>Yes. For HIP, the other person can designate you as an “Authorized Representative” to apply for her.</p> <p>If someone wishes to authorize you to apply on their behalf, they need to sign the application and provide verification, or proof, that they want you to apply on their behalf. The verifications can include:</p> <ul style="list-style-type: none"> <li>✓ A signed statement from the person that wants you to apply for her.</li> <li>✓ A copy of any legal document allowing you to apply for the other person.</li> </ul> <p>Or, I can send you a form that the other person signs authorizing you to apply for HIP on their behalf.</p>

#### 8.3.2.22 I have my pay garnished. Why do you still count my gross income?

Actions	Scripts
<p>► <b>Transfer to HIP Tier 2 ES</b></p>	<p>When we determine what benefits you are eligible for, we use your gross income, which is your income before taxes or garnishments are taken out.</p>

### 8.3.3 Application/Case Status

8.3.3.1 I applied for benefits and haven't heard anything. Did you get my application?  
Has my case been approved? (Or) What is the status of my case?

Actions	Script
<ul style="list-style-type: none"><li>▶ Verify that the caller is calling about HIP</li><li>▶ Handled by HIP Tier 2 ES.</li><li>▶ After authenticating the caller, check Case Home page in WFMS to determine if the case and AG's shown are conditionally open, pending or denied.</li><li>▶ If application has not been received, explore with the caller when and how application was submitted to determine whether it may still be pending delivery by the US Postal Service or possibly awaiting scanning and input by the Document Center.</li><li>▶ <b>If the application case is established, but has not yet been worked, advise the callers "<u>Until we have completed more of the application process for your case, we will be unable to give you additional details regarding the expected completion date. We will do everything possible to complete the application before the 45-day timeframe.</u>"</b></li><li>▶ If the application is PENDING, tell the caller:<ul style="list-style-type: none"><li>✓ the information requested in the pending notice;</li><li>✓ the due date;</li><li>✓ after all information is received it can take up to 45 days to process an application;</li><li>✓ She will receive a written notice to let her know the processing results.</li></ul></li></ul>	Follow action steps.

Actions	Script
<ul style="list-style-type: none"> <li>▶ If the due date is past for pending information and the caller states she needs more time or is not able to get the information, document WFMS case notes and from within the case, select Tasks from the Left Navigation bar and create a user defined task for HIP WG 2 indicating the caller has requested an extension.</li> <li>▶ Confirm the caller's mailing address and phone number. If this information needs to be updated, from within the case select Tasks from the Left Navigation bar and create a Reported Change task.</li> <li>▶ If the application has been CONDITIONALLY opened: <ul style="list-style-type: none"> <li>✓ access the ICES notice, provide the caller with the date of the notice, explain the notice and that it includes information regarding her POWER account, payment responsibilities, Health Plan information and other information regarding HIP;</li> <li>✓ confirm the caller's mailing address and phone number; and</li> <li>✓ If the address and phone number need to be updated, from within the case select Tasks from the Left Navigation bar and create a Reported Change task.</li> </ul> </li> <li>▶ If the application has been DENIED: <ul style="list-style-type: none"> <li>✓ provide the caller with the date of the denial notice;</li> <li>✓ provide the caller with the reason for the denial (listed on the notice);</li> <li>✓ inform caller of the right to appeal an eligibility decision;</li> <li>✓ provide information on how she may reapply for benefits or explain any penalty period that may be applicable.</li> </ul> </li> </ul>	



### 8.3.3.2 Did you get the information I sent/faxed to you?

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify that the caller is calling about HIP.</li> <li>▶ After authenticating caller, navigate to Documents from Case Home page in WFMS and review the document list. Ask the caller: <ul style="list-style-type: none"> <li>✓ what was sent;</li> <li>✓ whether it was mailed or faxed;</li> <li>✓ when it was sent;</li> <li>✓ if the information included a bar-coded document cover sheet that we provided.</li> </ul> </li> <li>▶ If the document was just sent, it may not have been received yet.</li> <li>▶ If the document did not include a cover sheet, it may be in the non-indexed document queue waiting to be indexed to the case.</li> <li>▶ If the document is not shown on the documents list in the case, click Home in WFMS and navigate to your User Home page. Perform a Search Document in case the document is not indexed to the case.</li> <li>▶ If you are unable to find the documents and they were mailed or faxed in enough time to have been received and processed, explain that the caller can resubmit copies of the documents again via mail or fax.</li> <li>▶ Make sure the caller has the correct mailing address/fax number.</li> <li>▶ Remind caller to use the bar-coded document cover sheet and write their name and Case Number or SSN and the word HIP on each document copy.</li> </ul>	<p>Let me check.</p> <ul style="list-style-type: none"> <li>✓ What information did you send?</li> <li>✓ Was it mailed or faxed to us?</li> <li>✓ When did you send it?</li> <li>✓ Did the information include a bar-coded document cover sheet that we provided to you?</li> </ul> <p><b>a.</b> (Documents found) Yes we received these documents on (provide date received as shown in Documents List).</p> <p><b>b.</b> (Documents not found) I'm sorry but I cannot find those documents in our system. There are several possible reasons why:</p> <ul style="list-style-type: none"> <li>✓ If you just mailed or faxed them, they may not have been processed yet.</li> <li>✓ If the bar-coded document cover sheet wasn't included or the document didn't have your name and SSN or Case Number, we may not have had enough information to know those documents were for your case.</li> </ul> <p>You may want to resubmit copies of these documents again by mail or fax to us at:</p> <p style="padding-left: 40px;">FSSA Document Center P.O. Box 1630 Marion, IN 46952 Or fax to us at 1-800-403-0864</p> <p>Or you can take copies of the documents to the nearest FSSA office, also called Help Center, and I can give you that address if you need it.</p> <p>Be sure you include a bar-coded document cover sheet if you have it, and whether or not you include it, write your name and Case Number or SSN and the word HIP on every document.</p>

**8.3.3.3 (As callers call in response to the Governor’s press release, HIP news coverage or marketing materials and ask about status of their case, please use the script below to respond to these calls given the large number of applications we started with in this program.)**

**I heard on the news that the HIP applications have already been processed. I have not received a notice about my application. When will I get it?**

Actions	Script
<p>Follow the script.</p> <p>After hearing the general script, if the caller continues to ask for more specific details on their application, follow actions in script 8.3.3.1.</p>	<p>Due to the exciting response to the new program, we received a large volume of applications at the start-up of the program and while we have 45 days from the start date of the program (12/17/2007) to process the applications, we are working to complete them as quickly as possible. If we need additional information from you to finish processing your application, we will contact you and ask for this information. If we do not need any additional information, then as soon as we have completed processing the application, we will send you a notice in the mail to let you know the outcome of the eligibility process.</p>

## **8.3.4 Change Reporting**

### **8.3.4.1 What kind of changes do I need to report?**

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify that the caller is calling about HIP.</li> <li>▶ Handled by HIP Tier 2 ES</li> <li>▶ Follow the script.</li> </ul>	<p>You must report the following:</p> <ul style="list-style-type: none"> <li>✓ If the HIP Client is deceased</li> <li>✓ If the HIP Client becomes pregnant</li> <li>✓ If the HIP Client is eligible for or acquires health insurance (including Medicare)</li> <li>✓ If you change your address</li> </ul> <p>You may report:</p> <ul style="list-style-type: none"> <li>✓ Marriage of a member</li> <li>✓ Divorce of a member</li> <li>✓ A change in family size (such as a child moving in or out or the death of a spouse)</li> <li>✓ A change in income</li> <li>✓ Getting a job</li> </ul> <p>You may ask to have your POWER account</p>

Action	Script
	<p>recalculated for the following reasons:</p> <ul style="list-style-type: none"> <li>✓ Income change</li> <li>✓ Job loss</li> <li>✓ Getting a new job</li> </ul>

#### 8.3.4.2 I am calling to report that I got a raise.

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify that the caller is calling about HIP.</li> <li>▶ Handled by HIP Tier 2 ES</li> <li>▶ After authenticating caller, collect all information related to the change.</li> <li>▶ Ask the Client if she wants to recalculate her HIP POWER Account.</li> <li>▶ Advise the caller that if she chooses to recalculate her POWER Account payments, she may be paying more due to the income raise.</li> <li>▶ If the Client wishes to recalculate the HIP POWER Account, ask caller for the following: <ul style="list-style-type: none"> <li>✓ Place of employment;</li> <li>✓ Date the individual received a raise;</li> <li>✓ Amount of raise;</li> <li>✓ Average hours worked per week;</li> <li>✓ Date that the individual will receive a check with the new hourly rate on it.</li> </ul> </li> <li>▶ Enter the information provided in ICES case notes.</li> <li>▶ Inform the caller that: <ul style="list-style-type: none"> <li>✓ She will receive a notice in the mail if the reported change needs to be verified;</li> <li>✓ The notice will include an income verification form she can use to verify the change;</li> <li>✓ She can mail or fax copies of verification documents, or submit</li> </ul> </li> </ul>	<p>Follow action steps.</p>

Action	Script
<p>them at a local Help Center;</p> <ul style="list-style-type: none"> <li>✓ The notice will tell her the due date for us to receive the verifications;</li> <li>✓ Instruct her to submit the bar-coded Document Cover Sheet with any document copies, and</li> <li>✓ Remind her to write the Client's name and SSN or Case Number and the word HIP on each document submitted.</li> </ul> <ul style="list-style-type: none"> <li>▶ If the Client chooses not to recalculate her POWER Account or is unsure, make note in ICES case notes regarding her new information and her choice or uncertainty about whether to recalculate.</li> <li>▶ From within the HIP case, select Tasks from the Left Navigation bar and create a user selected Reported Change task for HIP WG3.</li> <li>▶ If the Client is receiving other benefits, such as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change user selected task for WG 3, <b>Refer to Section 3.11.1.2, Create A Task</b> &lt;insert hyperlink&gt;</li> </ul>	

#### 8.3.4.3 I moved and didn't get a letter to tell me if I am eligible or not.

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify that the caller is calling about HIP.</li> <li>▶ Handled by HIP Tier 2 ES.</li> <li>▶ After authenticating caller, view the address shown in WFMS and ask caller for the current address.</li> <li>▶ If the addresses do not match, select Tasks from the Left Navigation bar within the HIP case and create a Reported Change task.</li> <li>▶ If the addresses match, check Case</li> </ul>	Follow action steps.

Action	Script
<p>Status and AG status as shown on the Case Home page. If an eligibility decision has been made on the case, the notice displays in the ICES correspondence history and can be resent.</p> <ul style="list-style-type: none"> <li>▶ To access ICES screen for information, type 'CNHS' in TRANS and Case Number in PARMS; press <b>Enter</b>.</li> <li>▶ Notices sent by system display by date sent.</li> <li>▶ To view specific notice, complete selection number field and press <b>F15</b>.</li> <li>▶ The System show notices; select <b>F23</b> for duplicate notice to be mailed.</li> <li>▶ Check Case Status and provide to the caller.</li> <li>▶ If the case is <b>OPEN</b>, let the caller know this.</li> <li>▶ If the case is <b>CLOSED</b>, provide caller with: <ul style="list-style-type: none"> <li>✓ The date of the closure notice;</li> <li>✓ The reason for the closure;</li> <li>✓ Information on how she may reapply for benefits.</li> </ul> </li> <li>▶ If the case is <b>PENDING</b>, access the most recent pending notice and view the documents list to identify the documents that have not been received and explain to the caller: <ul style="list-style-type: none"> <li>✓ The documents requested that have not yet been received;</li> <li>✓ The due date;</li> <li>✓ If the due date has passed for pending information and the caller states she needs more time or is not able to secure the information: <ul style="list-style-type: none"> <li>• Document in WFMS case notes and in ICES (if a case exists), and from within the HIP case</li> </ul> </li> </ul> </li> </ul>	

Action	Script
<p>select Tasks from the Left Navigation bar and create a user defined task for HIP WG 2 indicating the caller has requested an extension for her pending information.</p> <ul style="list-style-type: none"> <li>✓ If the caller states she has submitted all information requested, inquire when it was sent, whether it was sent with a document cover sheet, and whether the documents included her name, Case Number or SSN (depending on when documents were sent, Client may choose to resend or to wait for receipt and processing).</li> <li>✓ Explain to the caller that she will receive a notice if additional information is required or a notice telling her when a decision has been made on her eligibility.</li> <li>▶ If the Client is receiving other benefits, such as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change for WG 3. Refer to Section 3.11.1.2, Create A Task &lt;insert hyperlink&gt;</li> </ul>	

#### 8.3.4.4 Someone in my household moved out/moved in.

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP</li> <li>▶ Handled by HIP Tier 2 ES</li> <li>▶ Authenticate caller. If you are unable to authenticate caller, take the change report but do not provide any information regarding the case.</li> <li>▶ If the caller is reporting that someone has moved out of the household, ask the caller if they are</li> </ul>	Follow action steps.

Action	Script
<p>requesting a recalculation of their POWER Account and record the caller's response.</p> <ul style="list-style-type: none"> <li>▶ Ask for the following information: <ul style="list-style-type: none"> <li>✓ Name of individual who moved out of the household;</li> <li>✓ New address for the individual that moved;</li> </ul> </li> <li>▶ If an individual has moved into the household, ask the caller for the following information: <ul style="list-style-type: none"> <li>✓ Name of the individual who moved into the household;</li> <li>✓ Social Security Number of the individual;</li> <li>✓ Birth date of the individual;</li> <li>✓ Relationship of the individual to the caller.</li> </ul> </li> <li>▶ If the POWER Account recalculation request was made, let the caller know that she will receive a notice in the mail from us requesting verification of the reported changes. Explain that the caller and individual will need to make sure to submit via mail, or fax, copies of verification documents that are requested, along with the bar-coded Document Cover Sheet that will be enclosed with the notice. Remind caller to write name and SSN or Case Number and the word HIP on copies of any documents submitted.</li> <li>▶ Update Call Notes in WFMS and in ICES regarding all the information and changes that the caller reported.</li> <li>▶ From within the HIP case, select Tasks from the Left Navigation bar and create a Reported Change task for HIP WG 3.</li> <li>▶ If the Client is receiving other benefits, such as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page</b></li> </ul>	

Action	Script
<p><b>and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change task for WG 3. Refer to Section 3.11.1.2, Create A Task &lt;insert hyperlink&gt;</p> <p>► <b>Note:</b> if the caller cannot be authenticated, take the change information and caller's identifying information, without providing any information about the case. From within the case, select Tasks from the Left Navigation bar and create a User Selected Reported Change task for HIP WG 3.</p>	

#### 8.3.4.5 I moved and want to let you know my new address.

Action	Script
<p>► Verify the caller is calling about HIP</p> <p>► Handled by HIP Tier 2 ES</p> <p>► After authenticating caller, view the Case Home page information.</p> <p>► Ask the caller for his/ her new address and phone number if this is also changing. Enter updates on ICES screen AEICI.</p> <p>► Determine from the caller who moved with her and whether she is now living with someone new to the case.</p> <p>► From within the HIP case, select Tasks from the Left Navigation bar and create a Reported Change task for HIP WG 3.</p> <p>► If the Client is receiving other benefits, such as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change task for WG 3. Refer to Section 3.11.1.2, Create A Task &lt;insert hyperlink&gt;</p>	<p>Follow action steps.</p>



#### 8.3.4.6 I am calling to report that I got a new job.

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP.</li> <li>▶ Handled by HIP Tier 2 ES</li> <li>▶ Request the following information: <ul style="list-style-type: none"> <li>✓ The name of the employer</li> <li>✓ Start date</li> <li>✓ Pay per hour</li> <li>✓ Average hours worked</li> <li>✓ How often paid</li> <li>✓ Date of first check.</li> </ul> </li> <li>▶ Ask if she wants to recalculate her HIP POWER Account.</li> <li>▶ <u>If the Client chooses to recalculate her POWER Account</u>, then inform her that the notice will be mailed, and include the types of documents she can provide to verify the change.</li> <li>▶ Update ICES case notes with all the information the Client reported regarding the change.</li> <li>▶ She can mail or fax copies of verification documents.</li> <li>▶ The notice will tell her the due date for us to receive the verifications</li> <li>▶ Instruct her to submit the bar-coded Document Cover Sheet with any document copies and,</li> <li>▶ Remind her to write the Client's name and SSN or Case Number and the word HIP on each document submitted</li> <li>▶ From within the case, select Tasks from the Left Navigation bar and create a Reported Change task to HIP WG 3.</li> <li>▶ <u>If the Client chooses not to recalculate her POWER Account or is unsure</u>, make note in ICES case notes regarding her new information and her choice or uncertainty about whether to recalculate.</li> </ul> <p>If the Client is receiving other benefits, such</p>	<p>Follow action steps.</p>

Action	Script
as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change task for WG 3. Refer to Section 3.11.1.2, Create A Task <a href="#">&lt;insert hyperlink&gt;</a>	

#### 8.3.4.7 I am calling to report that I lost my job.

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP.</li> <li>▶ Handled by HIP Tier 2 ES.</li> <li>▶ After authenticating caller, collect the following information related to the change: <ul style="list-style-type: none"> <li>✓ Name of employer;</li> <li>✓ End date of employment;</li> <li>✓ Reason for employment ending;</li> <li>✓ Date of last check received;</li> <li>✓ Gross amount of the last check received;</li> <li>✓ If the caller is expecting to receive unemployment or not.</li> </ul> </li> <li>▶ Ask if she wants to recalculate her HIP POWER Account.</li> <li>▶ Advise the Client that her POWER Account Payments may be reduced if she decides to recalculate her account.</li> <li>▶ <u>If the Client chooses to recalculate</u>, enter the information reported in ICES case notes.</li> <li>▶ Inform the caller that the notice will be mailed and include the types of documents she can provide to verify the change.</li> <li>▶ These includes a written statement from the former employer with the following:</li> </ul>	Follow action steps.

Action	Script
<ul style="list-style-type: none"> <li>✓ End date of employment</li> <li>✓ Reason for employment ending</li> <li>✓ Date of last check to be received</li> <li>✓ Gross amount of the last check received:</li> </ul> <ul style="list-style-type: none"> <li>▶ She can mail or fax copies of verification documents.</li> <li>▶ The notice will tell her the due date for us to receive the verifications</li> <li>▶ Instruct her to submit the bar-coded Document Cover Sheet with any document copies; and,</li> <li>▶ Remind her to write the Client's name and SSN or Case Number and HIP on each document submitted.</li> <li>▶ From the Left Navigation bar within the case, select Tasks and create a Reported Change task for HIP WG 3.</li> <li>▶ Update ICES case notes regarding the information the caller provided, what you told the caller, and that you created a Reported Change for HIP WG 3.</li> <li>▶ <u>If the Client chooses not to recalculate her POWER Account or is unsure</u>, make note in ICES case notes regarding her new information and her choice or uncertainty about whether to recalculate at this time.</li> <li>▶ If the Client is receiving other benefits, such as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change task for WG 3, Refer to Section 3.11.1.2, Create A Task <a href="#">&lt;hyperlink&gt;</a></li> </ul>	

#### 8.3.4.8 I am getting a raise in my SSA check. What effect will this have on my benefits?

Action	Script
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Action	Script
<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP</li> <li>▶ Transfer to HIP Tier 2 ES</li> <li>▶ Authenticate the caller.</li> <li>▶ Ask the Client if she wants to recalculate her HIP POWER Account.</li> <li>▶ <u>If she wishes to recalculate her HIP POWER Account</u>, then ask the caller for: <ul style="list-style-type: none"> <li>✓ The new amount of SS benefits she will receive.</li> <li>✓ Date the change is expected to occur.</li> </ul> </li> <li>▶ Enter the information provided during the call in ICES case notes.</li> <li>▶ Inform the caller that she will receive a notice in the mail if any of the reported information needs to be verified.</li> <li>▶ Document in ICES.</li> <li>▶ From within the case, select Tasks from the Left Navigation bar and create a Reported Change task.</li> <li>▶ <u>If the Client chooses not to recalculate her POWER Account or is unsure</u>, make note in ICES case notes regarding her new information and her choice or uncertainty about recalculation at this time.</li> </ul>	<p>Follow action steps.</p>

#### 8.3.4.9 My hours were cut. Will my HIP POWER Account payments go down?

Action	Script
<ul style="list-style-type: none"> <li>▶ Transfer to HIP Tier 2 ES</li> <li>▶ Ask the caller for any identifying information needed in order to retrieve the case information.</li> <li>▶ Ask the Client if she wants to recalculate her HIP POWER Account.</li> <li>▶ <u>If she chooses to recalculate</u>, then she will need to submit the following: <ul style="list-style-type: none"> <li>✓ A statement from the employer verifying that the caller's work hours have been</li> </ul> </li> </ul>	<p>If your work hours were reduced, then it is possible that your POWER account payments may go down if you are eligible to have your POWER account recalculated. Would you like to recalculate your POWER Account?</p>

Action	Script
<p>reduced</p> <ul style="list-style-type: none"> <li>✓ When the reduction will be reflected on the caller's pay check</li> <li>✓ Copy of the past 30 days of pay to verify the reduction in hours (if the caller does not obtain a statement from the employer).</li> </ul> <ul style="list-style-type: none"> <li>▶ Explain to the caller that we will send her a Pending Notice. Refer to <a href="#">Section 3.11.4, Sending Notices</a> &lt;insert hyperlink &gt; to request verification of all reported changes, and that and it will include a due date and instructions where to mail or fax copies of the requested verification documents.</li> <li>▶ Update the ICES case notes with all information regarding the change the caller reported.</li> <li>▶ From within the HIP case, select Tasks from the Left Navigation bar and create a Reported Change task for HIP WG 3.</li> <li>▶ If the Client is receiving other benefits, such as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change task for WG 3, Refer to Section 3.11.1.2, Create A Task &lt;insert hyperlink&gt;</li> <li>▶ <u>If the Client chooses not to recalculate her POWER Account or is unsure,</u> make note in ICES case notes regarding her new information and her decision or uncertainty about recalculating at this time.</li> </ul>	

#### 8.3.4.10 I just got married/am getting married and want to recalculate my POWER account. What do I need to report?

Action	Script
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<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP.</li> <li>▶ <b>Transfer to HIP Tier 2 ES.</b></li> <li>▶ After authenticating caller, explain to the caller that she will need to turn in the following verifications: <ul style="list-style-type: none"> <li>✓ A copy of the marriage certificate.</li> <li>✓ A birth certificate or other identifying information for the new spouse.</li> <li>✓ All income for the past 30 days that the new spouse received.</li> <li>✓ Verify whether the spouse has employer sponsored health insurance or access to insurance. If he has access to health insurance, verify if the caller is eligible for health insurance through her spouse's employer.</li> </ul> </li> <li>▶ Let the caller know that we will send her a Pending Notice to request verification of all reported changes, and that the notice will include a due date for us to receive copies of verification documents, and instructions on where to mail or fax them.</li> <li>▶ Update the ICES case notes with all information regarding the change the caller reported.</li> <li>▶ From within the HIP Case, select Tasks on the Left Navigation bar and create a Reported Change task for HIP WG 3.</li> <li>▶ If the Client is receiving other benefits, such as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change task for WG 3, Refer to Section 3.11.1.2, Create A Task <a href="#">&lt;insert hyperlink&gt;</a></li> </ul>	<p>Follow action steps.</p> <p>You will need to report the following:</p> <ul style="list-style-type: none"> <li>✓ All income from the new spouse for the last 30 days</li> <li>✓ If your spouse has health insurance or access to health insurance</li> <li>✓ If you have access to health insurance through your spouse's employer</li> </ul>
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#### 8.3.4.11 If I get married, what effect will it have on my HIP coverage?

Action	Script
<ul style="list-style-type: none"><li>▶ Transfer to Tier 2 ES</li><li>▶ Tell the caller that she may or may not have her benefits reduced or discontinued, but the only way to know for sure is if she turns in all information related to her new spouse. Until you have all verifications of income, proof of health insurance through spouse's employer you cannot let her know what sort of change she will see in her benefits.</li><li>▶ Let her know if gets married to make sure she mails or faxes the following information within 10 days of the change occurring:<ul style="list-style-type: none"><li>✓ A copy of the marriage certificate.</li><li>✓ A birth certificate or other identifying information for the new spouse.</li><li>✓ All income for the past 30 days that the new spouse received;</li><li>✓ Spouse's health insurance information, such as name and phone number of insurance company and who is covered.</li></ul></li><li>▶ Remind her to put her name and Case Number or SSN and the word HIP on each document copy that is submitted.</li></ul>	Follow action steps.

#### 8.3.4.12 I am moving out of state, can you transfer my HIP coverage?

Action	Script
<ul style="list-style-type: none"><li>▶ Transfer to HIP Tier 2 ES</li><li>▶ Tell the caller, that we cannot “transfer” her HIP coverage to another state.</li><li>▶ Ask for the client’s identifying information and information related to the change – when and where the caller is moving and the new address.</li><li>▶ Update ICES case notes.</li><li>▶ From within the HIP case in WFMS, use the Left Navigation bar and create a Reported Change task for HIP WG3.</li><li>▶ If the Client is receiving other benefits, such as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change task for WG 3, Refer to Section 3.11.1.2, Create A Task <a href="#">&lt;hyperlink&gt;</a></li></ul>	<p>Because HIP is a program created by the State of Indiana for residents of Indiana, we are unable to transfer your HIP coverage to another new state.</p> <p>When are you moving? Where are you moving? What is the new address?</p>

#### 8.3.4.13 My family has started receiving health insurance through my employer.

Action	Script
<ul style="list-style-type: none"><li>▶ Verify the caller is calling about HIP.</li><li>▶ Handled by HIP Tier 2 ES</li><li>▶ Authenticate the caller so you can retrieve case information.</li><li>▶ Update ICES case notes with all of the information the Client reported regarding the change.</li><li>▶ Verify the following:<ul style="list-style-type: none"><li>✓ Name and phone number of Insurance company</li><li>✓ Who is insured</li><li>✓ When coverage began</li></ul></li></ul>	<p>Follow Action Steps</p>



Action	Script
<ul style="list-style-type: none"> <li>▶ Advise the Client that she will receive a letter in the mail regarding her HIP coverage.</li> <li>▶ From within the case in WFMS, select Tasks on the Left Navigation bar and create a Report of Change task for HIP WG3.</li> <li>▶ If the Client is receiving other benefits, such as Food Stamps or TANF, then <b>navigate to the Food Stamps or TANF Case Home page and from within that case, select Tasks from the Left Navigation bar</b> and create a Reported Change task for WG 3, Refer to Section 3.11.1.2, Create A Task <a href="#">&lt;hyperlink&gt;</a></li> </ul>	

#### 8.3.4.14 Why did my Food stamps go up but my HIP POWER Account payments remain the same?

Actions	Script
<ul style="list-style-type: none"> <li>▶ Handled by HIP Tier 2.</li> <li>▶ Authenticate the caller. If you are unable to authenticate, take the change report but do not provide any information regarding the case.</li> <li>▶ Review and update ICES case notes with the information provided.</li> <li>▶ If the Client has a change to report, then send the Client a HIP Change Report form. (Refer to Section 3.11.4, <a href="#">Sending Notices &lt;insert hyperlink&gt;</a>)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Did you have any change in your household, such as a birth, marriage, or someone moving into or out of your household?</li> <li>▶ Did you have any change in your income or get or lose a job?</li> <li>▶ Did you request to have your HIP POWER Account recalculated? Depending on what changed, you may be able to ask for a recalculation to your POWER Account. (For example, you are allowed to request a recalculation once in a 12 month period for income changes related to the same job or income related to a new job. You can request a recalculation at any time if there is a birth, marriage, or the size of your household changes.)</li> <li>▶ I can send you a form to report the HIP change and request a recalculation. When you complete and return the form, your change will be processed.</li> <li>▶ If you do not request a recalculation, your POWER Account payment remains the same.</li> </ul>

### 8.3.5 Other Questions

#### 8.3.5.1 If I am eligible, how do I use HIP?

Actions	Scripts
<ul style="list-style-type: none"><li>▶ If the caller has applied and is authenticated:<ul style="list-style-type: none"><li>✓ View the Case Home page to determine if she has been approved for HIP coverage.</li><li>✓ If approved for HIP, ask the caller what Health Plan the caller is assigned to.</li><li>✓ If caller has been approved for HIP, but does not know the Health Plan or has additional questions, then refer the caller to 1-877-GET-HIP9 (1-877-438-4479).</li><li>✓ If the caller knows their Health Plan but not the phone number, provide it. The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019.</li></ul></li></ul> <p>The toll free number for the MDwise with AmeriChoice Health Plan is 877-822-7196.</p>	<p>For HIP services, approved members use a health card provided by the Health Plan. You'll need to contact your Health Plan for more information.</p> <p>If you haven't selected a Health Plan or don't know your Health Plan, please call 1-877-GET-HIP9 (1-877-438-4479) for assistance.</p>

#### 8.3.5.2 My HIP card does not work.

Action	Script
<ul style="list-style-type: none"><li>▶ After authenticating the caller, check their HIP case status to determine if their case is open or closed. If the case is open, refer the caller to their Health Plan provider. If the case is closed, provide this case status information to the caller.</li><li>▶ Reference and provide the following information for their Health Plan, or, if caller does not know which Plan, refer the caller to 1-877-GET-HIP9 (1-877-438-4479).</li><li>▶ The phone numbers for the Health Plans are:</li></ul>	<p>Let me check the status of your case.</p> <p>Your case is (insert explanation of case status).</p> <p>You will need to contact your Health Plan provider. Do you know which Health Plan you are a member of?</p> <ul style="list-style-type: none"><li>✓ If yes, give the member the correct phone number for her plan.</li></ul> <p>The toll free number for the MDwise with</p>

Action	Script
<p>Anthem Blue Cross Blue Shield 800-553-2019</p> <p>MDwise with AmeriChoice 877-822-7196</p>	<p>AmeriChoice Health Plan is 877-822-7196. The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019.</p> <p>✓ If no, refer the caller to 1-877-GET-HIP9 (1-877-438-4479) for further assistance.</p>

### 8.3.5.3 I'm getting a bill and I'm on HIP. Why aren't my bills being paid?

Action	Script
<ul style="list-style-type: none"> <li>▶ Transfer to HIP Tier 2 ES</li> <li>▶ Authenticate caller and check Case and AG status from Case Home page.</li> <li>▶ Verify the caller is still eligible for HIP.</li> <li>▶ Ask the caller if the caller knows whether the notice is a bill or an explanation of benefits (EOB) notice.</li> <li>▶ If it is an EOB notice: <ul style="list-style-type: none"> <li>✓ Explain that it is not a bill, but just a summary of services that the Client received and the accompanying costs that she can be charged for.</li> <li>✓ Explain that the caller does not have to respond to the notice, but to keep the copy for a later date if needed.</li> </ul> </li> <li>▶ If the Client has further questions, advise the caller to contact the Health Plan. If caller does not know her Health Plan, refer her to 1-877-GET-HIP9 (1-877-438-4479).</li> <li>▶ If the Client knows her Health Plan but not the contact number, ask for health plan and provide toll free number: <p>(Anthem Blue Cross Blue Shield is 800-553-2019.</p> <p>MDwise with AmeriChoice is 877-</p> </li> </ul>	<ul style="list-style-type: none"> <li>✓ You will need to contact your Health Plan provider.</li> <li>✓ If you don't know what Health Plan you are in, please call 1-877-GET-HIP9 (1-877-438-4479) for this information and for further assistance.</li> </ul>

Action	Script
822-7196)	

**8.3.5.4 I need written verification of my benefits for the Housing Authority, Energy Assistance (or another Third Party).**

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP.</li> <li>▶ Transfer to HIP Tier 2 ES</li> <li>▶ Authenticate caller (reference Call Transfer Procedures from Tier1 to Tier2.)</li> <li>▶ Navigate to ICES screen CNHS.</li> <li>▶ Enter caller's Case Number in PARMS.</li> <li>▶ Press <b>Enter</b>.</li> <li>▶ Select the notice needed.</li> <li>▶ Press <b>Enter</b>.</li> <li>▶ When notice is shown, select <b>F23</b> requesting a duplicate notice be sent.</li> <li>▶ In ICES CLRC, enter notes on the call and actions taken.</li> </ul>	Follow action steps.

**8.3.5.5 Can I get emergency coverage until I can get health insurance through my employer/job?**

Action	Script
<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP.</li> <li>▶ Follow the script.</li> <li>▶ If caller wants to be screened, follow screening <b>Script. (8.10.1)&lt;insert hyperlink&gt;</b></li> </ul>	There is no emergency HIP application processing. However, you may be eligible for HIP. To find out if you qualify, you will need to complete the application process. Would you like me to assist you to begin the screening and application process?

### 8.3.5.6 How can I get a list of primary medical providers in my area?

Action	Script
<ul style="list-style-type: none"><li>▶ Verify the caller is calling about HIP.</li><li>▶ Follow the script.</li><li>▶ Ask if Client knows what Health Plan she is in, and if not, refer her to 1-877-GET-HIP9 (1-877-438-4479) for this information.</li><li>▶ If the Client knows her Health Plan but does not have the plan contact information, provide it.</li></ul> <p>Anthem Blue Cross Blue Shield-toll free number is 800-553-2019.</p> <p>MDwise with AmeriChoice Health Plan-toll free number is 877-822-7196.</p>	<p>You need to contact your Health Plan for a list of doctors in your area.</p> <p>If you don't know what Health Plan you are in or you haven't selected a Health Plan, you'll need to contact 1-877-GET-HIP9 (1-877-438-4479) to get this information.</p> <p>What Health Plan are you in?</p>

### 8.3.5.7 What happens to my HIP coverage if I get pregnant?

Action	Script
<ul style="list-style-type: none"><li>▶ Handled by HIP Tier 2 ES</li><li>▶ Authenticate the caller. If you are unable to authenticate caller, take the change report (if a change is being reported) but do not provide any information regarding the case.</li><li>▶ Let the caller know that she will no longer be eligible for HIP, but if the pregnancy verification is submitted, she will be eligible for pregnancy coverage under Medicaid.</li><li>▶ Let the caller know that she will receive a notice in the mail from us requesting verification of the pregnancy. Explain that the caller and individual will need to make sure to submit via mail or fax, copies of verification documents that are requested, along with the bar-</li></ul>	<p>Follow Action steps.</p>

Action	Script
<p>coded Document Cover Sheet that will be enclosed with the notice. Remind caller to write name and SSN or Case Number and the word HIP on copies of any documents submitted.</p> <ul style="list-style-type: none"> <li>► Update Call Notes in ICES regarding all the information and changes (if any) that the caller reported.</li> <li>► From within the case, select Tasks on the Left Navigation bar and create and send a Reported Change task for HIP WG 3.</li> </ul>	

**8.3.5.8 I want to talk to someone about HIP. I don't understand my benefits and how to access them.**

Action	Script
<ul style="list-style-type: none"> <li>► Transfer to HIP Tier 2 ES</li> <li>► Authenticate caller and review Case and AG Status shown on Case Home page to review that the Client is receiving HIP.</li> <li>► Advise the caller to contact her Health Plan for more detailed information regarding the HIP program.</li> <li>► If the caller does not know their Health Plan or hasn't selected one, refer them to 1-877-GET-HIP9 (1-877-438-4479) for help.</li> <li>► If caller knows their Health Plan but does not have the Health Plan contact information, provide it:</li> </ul> <p>Anthem Blue Cross Blue Shield: 1-800-553-2019 toll free</p> <p>MDwise with AmeriChoice-1-877-822-7196</p>	<p>You will need to contact your Health Plan for more information regarding your HIP benefits.</p> <p>If you don't know what Health Plan you are in or haven't selected one yet, please call 1-877-GET-HIP9 (1-877-438-4479) and they can assist you with this.</p>

**8.3.5.9 Can I use my HIP card in another state?**

Action	Script
<ul style="list-style-type: none"> <li>▶ Follow the script.</li> <li>▶ If the client is going to be out of state temporarily, the client would need to contact their Health Plan for prior authorization if they needed to use their HIP benefits out of state.</li> <li>▶ If the Client is moving, or has moved, gather the new contact information, including move date, enter it in ICES case notes, and from within the HIP case, select Tasks from the Left Navigation bar and create a Reported Change task.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Are you moving or planning to be out of state on a temporary basis?</li> </ul> <p>Moving:</p> <ul style="list-style-type: none"> <li>▶ When are you moving, where, and what is your new address?</li> <li>▶ Because HIP is a program created in Indiana for residents of Indiana, we are unable to transfer your HIP coverage to another state.</li> </ul> <p>Not Moving; Out of State Temporarily</p> <ul style="list-style-type: none"> <li>▶ You would need to contact your Health Plan for prior authorization if you expect to use your HIP benefits out of state.</li> </ul>

#### 8.3.5.10 How much are my HIP payments?

Action	Script
<ul style="list-style-type: none"> <li>▶ Follow the script.</li> <li>▶ If the Client has not made or does not know their Health Plan selection, refer the caller to 1-877-GET-HIP9 (1-877-438-4479) .</li> <li>▶ If the Client does not have it, provide the Client with the correct Health Plan contact information:</li> </ul> <p>The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019.</p> <p>The toll free number for the MDwise with AmeriChoice is 1-877-822-7196.</p>	<ul style="list-style-type: none"> <li>▶ You will need to contact your Health Plan.</li> <li>▶ If you don't know your Health Plan or haven't selected one, please call 1-877-GET-HIP9 (1-877-438-4479) to get this information.</li> <li>▶ Do you have name and the number for your Health Plan?</li> </ul>

#### 8.3.5.11 Have you received my HIP Payment?

Action	Script
<ul style="list-style-type: none"> <li>▶ Follow the script.</li> <li>▶ If the Client does not have it, provide the Client with the correct Health Plan</li> </ul>	<ul style="list-style-type: none"> <li>▶ HIP POWER Account payments are made directly the Health Plan. You need to contact your Health</li> </ul>

Action	Script
<p>contact information:</p> <p>The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019.</p> <p>The toll free number for the MDwise with AmeriChoice is 1-877-822-7196.</p>	<p>Plan</p> <p>► Do you have the name and number for your Health Plan?</p>

#### 8.3.5.12 Can I pay my HIP premium payment directly to you?

Action	Script
<p>► Follow the script.</p> <p>► Provide the Client with the correct Health Plan contact information.</p> <p>The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019.</p> <p>The toll free number for the MDwise with AmeriChoice is 1-877-822-7196.</p>	<p>► No, you must make your POWER Account payment to your Health Plan.</p> <p>► Do you have the name and number of your Health Plan?</p>

#### 8.3.5.13 My application was denied, and I think I'm eligible. (Or) I don't agree with the decision made on my application/case.

Action	Script
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Action	Script
<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP.</li> <li>▶ Handled by HIP Tier 2 ES.</li> <li>▶ Authenticate caller.</li> <li>▶ Check Case Home page and AG status to confirm denial. Also review notice for denial reason.</li> <li>▶ Follow the script.</li> <li>▶ From within the case, go to Tasks on the Left Navigation bar and create a task for the HIP WG3 Coach queue to do a supervisory review of the case.</li> </ul>	<p>If you disagree with the decision, you may request a fair hearing. You will need to submit the request for a hearing in writing. You can mail the request to:</p> <p style="text-align: center;">FSSA Document Center P.O. Box 1630 Marion, IN 46952</p> <p>You may also fax it to 1-800-403-0864.</p> <p>Please be sure to include a telephone number where you can be reached. On the letter notifying you about your eligibility being denied, there is an explanation of how to appeal if you disagree with the decision. Please review that information so that you understand the hearing process.</p> <p>After your request is submitted, a hearing date and time will be scheduled for you with a hearings officer. A representative from the office that processed your case will be present. You may represent yourself or authorize someone else such as an attorney, a relative or a friend to represent you.</p> <p>You can bring a witness with you if you feel it is necessary along with any additional information you feel is useful to the officer making the decision.</p> <p>After the hearing, the officer will review all information, and you will receive a notice in the mail informing you of the hearing officer's decision.</p>

#### 8.3.5.14 Can I still get HIP if I have other health insurance?

Action	Script
► Follow the script.	No. HIP is only available for adults between the ages of 19 and 64 who don't have health insurance or access to health insurance.

#### 8.3.5.15 What is the Healthy Indiana Plan, also known as HIP?

Actions	Script
Follow the script.  If the caller needs additional information about HIP (other than the screening, application, or eligibility process), refer the caller to 1-877-GET-HIP9 (1-877-438-4479).	The Healthy Indiana Plan provides health coverage similar to commercial plans for eligible adults up to age 65. Participants must make a contribution to a POWER Account, which they'll use to meet eligible medical expenses. The contribution won't be more than 5% of the participant's gross family income. The plan includes a basic benefits package once annual medical costs exceed \$1,100

#### 8.3.5.16 What do I do if I do not receive or I lost my HIP identification card?

Actions	Script
Follow the script.  If the caller does not know their Health Plan, refer them to 1-877-GET-HIP9 (1-877-438-4479) for assistance. If the caller knows their Health Plan but not the contact information, provide it.  ► The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019. The toll free number for the MDwise with AmeriChoice is 1-877-822-7196.	You will need to contact your Health Plan Provider. If you don't know what Health Plan you are in, you'll need to call 1-877-GET-HIP9 (1-877-438-4479) for assistance.  Do you have the name and number of your Health Plan?

**8.3.5.17 What if my doctor decides not to participate in HIP and I need a new doctor, or how can I obtain a list of primary medical providers in my area?**

Actions	Script
<ul style="list-style-type: none"> <li>▶ Follow the script.</li> <li>▶ If caller does not know what Health Plan they are in, refer them to 1-877-GET-HIP9 (1-877-438-4479) .</li> <li>▶ If the caller knows their Health Plan but not the contact information, provide it.</li> </ul> <p>The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019.</p> <p>The toll free number for the MDwise with AmeriChoice is 1-877-822-7196.</p>	<p>You will need to contact your Health Plan Provider. If you don't know what Health Plan you are in, you'll need to call 1-877-GET-HIP9 (1-877-438-4479) for assistance.</p> <p>Do you have the name and number of your Health Plan?</p>

**8.3.5.18 What does HIP cover?**

Actions	Script
<p>Follow the script.</p> <p>If the caller is not currently receiving HIP and needs additional information about coverage, refer the caller to 1-877-GET-HIP9 (1-877-438-4479).</p> <p>If the caller is currently receiving HIP, refer the caller to their Health Plan or, if they don't know their Health Plan, to 1-877-GET-HIP9 (1-877-438-4479).</p>	<p>The Healthy Indiana Plan includes free preventive health services for up to \$500 a year. Participants will also access their account with a debit card to pay eligible medical expenses, up to the annual account limit of \$1,100. You will need to contact your Health Plan for more information.</p>

**8.3.5.19 If I qualify, when will I be able to use my benefits?**

Actions	Script
<ul style="list-style-type: none"> <li>▶ Verify the caller is calling about HIP.</li> <li>▶ Follow the script.</li> </ul>	<p>You will receive a letter notifying you of your HIP eligibility. If you are eligible, the letter will provide a date in which your benefits will begin. Benefits do not begin until the month after you make a deposit in your POWER</p>

Actions	Script
	account and it is received and processed.

#### 8.3.5.20 How long am I covered in the Healthy Indiana Plan?

Actions	Script
Follow the script.	The coverage term is 12 months. After the one year term, participants must be reauthorized to continue in the plan for another 12 months.

#### 8.3.5.21 Where do I send my POWER Account contribution?

Actions	Script
<ul style="list-style-type: none"><li>▶ Follow the script.</li><li>▶ If caller does not have it, provide the caller with the Health Plan contact information:  The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019.  The toll free number for the MDwise with AmeriChoice is 1-877-822-7196.</li></ul>	<p>Send your monthly contribution to your Health Plan.</p> <ul style="list-style-type: none"><li>✓ Do you have the name and number of your Health Plan?</li></ul>

#### 8.3.5.22 What if I have questions about my POWER Account?

Actions	Script
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<ul style="list-style-type: none"> <li>▶ Follow the script.</li> <li>▶ If caller does not know what Health Plan they are in, refer them to 1-877-GET-HIP9 (1-877-438-4479) for assistance.</li> <li>▶ If the caller knows the Health Plan but not the contact information,, provide the number for the Health Plan phone number.</li> </ul> <p>The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019.</p> <p>The toll free number for the MDwise with AmeriChoice is 1-877-822-7196.</p>	<p>You will need to contact your Health Plan.</p> <ul style="list-style-type: none"> <li>✓ Do you have the name and number of your Health Plan?</li> <li>✓ If you don't know what Health Plan you are in, you'll need to call 1-877-GET-HIP9 (1-877-438-4479) for assistance.</li> </ul>
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### 8.3.5.23 What number do I call when I need help with HIP?

Actions	Script
<ul style="list-style-type: none"><li>▶ Follow the script.</li><li>▶ If caller does not have it, provide the caller with the Health Plan contact information and 1-877-GET-HIP9 (1-877-438-4479) .</li></ul> <p>The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019.</p> <p>The toll free number for the MDwise with AmeriChoice is 1-877-822-7196.</p>	<p>If you need help with your application or case, I can assist you with your questions.</p> <p>If you need help with receiving medical services or have questions about your POWER account, contact your Health Plan provider.</p> <p>If you have questions about the health plans offered, call 1-877-GET-HIP9 (1-877-438-4479).</p> <p>✓ Do you have the name and number of your Health Plan?</p>

### 8.3.5.24 I did not select my Health Plan provider. Can you tell me who it is?

Actions	Script
<p>Verify the caller is calling about HIP.</p> <p>Provide script information.</p>	<p>You should have received a letter detailing who your Health Plan is. Did you receive that letter? If not (or if you don't have the letter), you will need to call 1-877-GET-HIP9 (1-877-438-4479) to find out your Health Plan provider.</p>

#### 8.3.5.25 What is a Health Plan Provider?

Actions	Script
Provide script information.	<p>A Health Plan is a group of health care providers including primary care doctors, specialists, pharmacies, and so on. Each doctor that accepts HIP is enrolled in one of these Health Plans. It is important for you to know which HIP Health Plan you and your doctor are in. For health care services, you must use providers in your Health Plan.</p> <p>For more information on the Health Plans, call 1-877-GET-HIP9 (1-877-438-4479).</p>

#### 8.3.5.26 How much is my contribution to my POWER account?

Actions	Script
Follow Script	You will need to contact your Health Plan Provider.
The toll free number for Anthem Blue Cross Blue Shield is 800-553-2019. The toll free number for the MDwise with AmeriChoice Health Plan is 1-877-822-7196.	<p>Do you know the name and number of your Health Plan?</p> <p>(If not, ask person to call 1-877-GET-HIP9 (1-877-438-4479) for this information.)</p>



#### 8.3.5.27 How is my contribution to my POWER Account calculated?

Actions	Script
Follow the Script	<p>The contribution to your POWER Account is determined by your Health Plan and is based on:</p> <ul style="list-style-type: none"><li>✓ the amount of people in your household,</li><li>✓ your total family income,</li><li>✓ any premiums paid to Medicaid, SCHIP or Medicare,</li></ul> <p>The amount deposited into the POWER Account, by both you and the State, cannot exceed \$1100 a year. For more information, you need to contact your Health Plan.</p> <p>You may request a recalculation to your POWER Account if you have a financial or household change.</p>

#### 8.3.5.28 I need more information about the Health Plans before I pick one of them.

Actions	Script
Follow the Script	For more information about the Health Plans, please call 1-877-GET-HIP9 (1-877-438-4479).

#### 8.3.5.29 I want to change my Health Plan.

Actions	Script
Follow the Script	To change your Health Plan, you'll need to call 1-877-GET-HIP9 (1-877-438-4479).

#### 8.3.5.30 I don't know what Health Plan I am in.

Actions	Script
Follow the Script	To find out your Health Plan, you'll need to call 1-877-GET-HIP9 (1-877-438-4479).

### 8.3.5.31 Calls from Media or Elected Officials

Action	Script
<p>► <b>Media:</b> Refer callers identified as media to John Buscemi with IBM at 212-745-4080 (office), 516-987-1147 (cell), (or by email at jbuscemi@us.ibm.com) and Lauren Auld, FSSA Communications Director, at 317-232-4641 (or by email at Lauren.Auld@fssa.IN.gov.)</p> <p>► <b>Elected Official:</b> If a caller identifies himself as an elected official or calling on behalf of an elected official about a specific case, gather the specific case information and create a user generated task for the (non-HIP) Complaints queue, handled by Workgroup 6.</p>	<p>Follow action steps.</p>